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The pursuit of ignorance

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EDITORIALS

The pursuit of ignorance

The UK's anti-lobbying clause will jeopardise evidence informed policy making

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“There is nothing a government hates more than to be well informed; for it makes the process of arriving at decisions much more complicated and difficult.”¹

John Maynard Keynes

Despite Keynes's belief that evidence makes government decisions harder, successive UK governments have committed to adopting policies informed by evidence. UK academics now have explicit incentives to demonstrate the impact of their research beyond academia. Surprisingly, however, the UK Cabinet Office has introduced a clause that could limit researchers' engagement in policy debates.²

The new clause, for insertion into all grant agreements, was announced by Cabinet Office minister, Matthew Hancock. It prohibits the use of government funds for “activity intended to influence or attempt to influence Parliament, government or political parties, or attempting to influence the awarding or renewal of contracts and grants, or attempting to influence legislative or regulatory action.”³ This seems to conflict with the pursuit of public health goals, which often require ensuring policy makers are aware of the implications of research.

The tension may be inadvertent on the part of the government, but at the very least it seems to have uncritically adopted the agenda of the Institute of Economic Affairs (IEA), the free market think tank cited in the announcement of the clause.³ Two IEA reports appear to underlie the clause,^{4 5} both presenting sustained critiques of public health advocates and researchers. The IEA's position is that only money raised through sources other than taxation should be used to influence government spending, in effect privileging private sector views, some of which clearly run counter to public health. It is worth noting that the IEA has received substantial funding from leading tobacco manufacturers,⁶ while Hancock was recently reported to have received donations from the IEA chair (without breaching parliamentary rules governing donations to MPs).⁷

The seriousness of the threat posed by this new clause for policy engaged health researchers depends on its interpretation, but it

seems likely to reinforce what a systematic review identified as the two key barriers to the use of research in policy: poor dissemination or accessibility of research and lack of clarity about relevance to policies.⁸

It is on the back of such evidence that UK Research Councils (RCUK) and the higher education funding councils have encouraged academics to become more outward facing. A core example is the ESRC's “impact accelerator” awards. At the University of Edinburgh, such funding has supported researchers mapping Scotland's tobacco and alcohol retail outlets to make their results⁹ publicly available and to discuss the policy implications of the clear evidence of oversupply in deprived communities. The wording of the new clause suggests that research councils will no longer be able to support these impact oriented grants.

The clause also seems to threaten the multifunded UKCRC public health research centres of excellence, established to encourage researchers to engage with policy makers and practitioners,¹⁰ and the government funded What Works centres, intended “to improve the way government and other organisations create, share, and use ... high quality evidence for decision-making,”¹¹ a concept Hancock has previously praised.¹²

Leaving aside those who undertake research projects directly commissioned by RCUK or government departments, the wider threat seems greatest for those funded by, or working in, research centres and units that are core funded by the RCUK. The picture is more complex for traditional university academics, but even then time not covered by direct grant income or teaching includes support from the government, through grants from the higher education councils. To take one example of work that could be prevented, researchers who found that NHS organisations with private finance initiative contracts had higher capital costs than those without such contracts, “worked closely with several parliamentary committees, including the House of Commons Public Accounts and Treasury Committees, the House of Lords Economic Affairs Committee, and the Scottish

Parliament's Finance Committee, to ensure that the research has informed legislative opinion and impacted on its decision-making.”¹³ The purpose was to reduce costs to the public purse, and yet the new clause seems to rule out this kind of activity unless academics are funded by sources other than the government.

The epidemiologist Austin Bradford Hill, famous for his work with Richard Doll showing the link between smoking and lung cancer, said he had initially believed that, as a researcher he had “no part to play in telling the public about those results,” lest such efforts come across as “propaganda.”¹⁴ Bradford Hill and Doll later radically revised this view; in public health, we rightly demand more of our researchers and (until now) so have UK governments. The need to improve the use of scientific evidence in policy making is clear; this clause limits the ability of government funded researchers to help achieve this, privileging those working to influence policy on behalf of commercial interests.

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- 1 Skidelsky R. *John Maynard Keynes: a biography. Vol. 2: the economist as saviour, 1920-1937*. Macmillan, 1992.
- 2 Gulland A. Rules on lobbying threaten to gag tax funded researchers. *BMJ* 2016;352:i1220. doi:10.1136/bmj.i1220. 26926118.
- 3 Cabinet Office. Hancock MM. Press release: Government announces new clause to be inserted into grant agreements. 2016. <https://www.gov.uk/government/news/government-announces-new-clause-to-be-inserted-into-grant-agreements>.
- 4 Snowden C. IEA discussion paper No 39. Sock puppets—how the government lobbies itself and why. IEA, 2012.
- 5 Snowden C. IEA discussion paper No 53. The sock doctrine—what can be done about state-funded political activism? London: IEA, 2014.
- 6 Doward J. Health groups dismayed by news “big tobacco” funded rightwing thinktanks. *Guardian* 2013 Jun 1. <http://www.theguardian.com/society/2013/jun/01/thinktanks-big-tobacco-funds-smoking>.
- 7 Milmo C. Matthew Hancock: Tory MP “accepted £4000 donation before announcing charity lobbying clampdown.” *Independent* 2016. Feb 16. <http://www.independent.co.uk/news/uk/politics/matthew-hancock-tory-mp-accepted-4000-donation-from-think-tank-before-announcing-charity-lobbying-a6880071.html>.
- 8 Oliver K, Innvar S, Lorenc T, Woodman J, Thomas J. A systematic review of barriers to and facilitators of the use of evidence by policymakers. *BMC Health Serv Res* 2014;14:2. doi:10.1186/1472-6963-14-2. 24383766.
- 9 Shortt NK, Tisch C, Pearce J, et al. A cross-sectional analysis of the relationship between tobacco and alcohol outlet density and neighbourhood deprivation. *BMC Public Health* 2015;15:1014. doi:10.1186/s12889-015-2321-1. 26437967.
- 10 MRC. Science we support. 2016. <http://www.mrc.ac.uk/funding/science-areas/global-health/science-we-support/>.
- 11 Cabinet Office. Government guidance: what works network. <https://www.gov.uk/guidance/what-works-network>, 2015.
- 12 Cabinet Office. Speech: public service transformation: Matt Hancock speech. 2015. <https://www.gov.uk/government/speeches/public-service-transformation-matt-hancock-speech>.
- 13 University of Edinburgh. Impact case study REF3b: uncovering the cost of private sector involvement in the National Health Service (NHS). 2014. <http://impact.ref.ac.uk/casestudies2/refservice.svc/GetCaseStudyPDF/23980>.
- 14 Hill AB. Part III: Changing adult smoking behaviour—present position introduction. 1971. <https://industrydocuments.library.ucsf.edu/tobacco/docs/qfyn0146>

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